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DENNIS P. TRAMALONI	(Depositor's name)
Day this	(Signature)
OCTOBER 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/939,966	08/27/2001	Li Chen	1095	5412		

TITLE OF INVENTION: SELECTIVE CYCLIC PEPTIDES WITH MELANOCORTIN-4 RECEPTOR (MC4-R) AGONIST ACTIVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$ <del>1330</del>	-1370	\$300	\$ <del>1630</del> 1670	10/27/2004	
EXA	MINER	ART UN	ıT	CLASS-SUBCLASS	10/28/2004 BABRAHA	2 00000022 082525	03939966
LUKTO	N, DAVID	1653		530-317000		370.00 DA	
1. Change of correspondent CFR 1.363).	ce address or indication of "Fee	e Address" (37		iting on the patent front page, mes of up to 3 registered pat	list 03 FC:8001, GEORG	GĒ <sup>Ĵ</sup> -Ŵ <sup>Ĵ, D</sup> ĤOHNSTC	N_
☐ Change of correspond Address form PTO/SB/I	dence address (or Change of Co 122) attached.	orrespondence	òr agents (	OR, alternatively, me of a single firm (having a	, DENIN	IS P. TRAMALO	NI
U "Fee Address" indication (or "Fee Address" Indication form		registered attorney or agent) and the names of 2 registered patent attorneys or agents. If no names of 2 registered patent attorneys or agents.		ames of up to			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Number is required.

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And Advance Order - # of Copies TEN (10)	XXThe Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number <u>08-2525</u> (enclose an extra copy of this form).				
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is not claiming SM.	ALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).			

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Authorized Signature)		1	(Date)			
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